



# Chase Raymond Schools

## Student Improvement Team

### Teacher Request for Assistance



Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Request is being made because (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Significant Delay(s) in Reading                  | <input type="checkbox"/> Oral, Receptive, Expressive Communication     |
| <input type="checkbox"/> Significant Delay(s) in Math                     | <input type="checkbox"/> Large Motor Coordination                      |
| <input type="checkbox"/> Significant Delay(s) in Written Language         | <input type="checkbox"/> Fine Motor Coordination                       |
| <input type="checkbox"/> Tardiness/Absenteeism                            | <input type="checkbox"/> Exceeds Grade Level Expectations              |
| <input type="checkbox"/> Inappropriate Behavior in Classroom              | <input type="checkbox"/> High Academic Performance                     |
| <input type="checkbox"/> Inappropriate Behavior in Non-classroom settings | <input type="checkbox"/> Highly Curious                                |
| <input type="checkbox"/> Medical/Health Concerns                          | <input type="checkbox"/> Highly Creative                               |
| <input type="checkbox"/> Withdrawn and/or Isolated                        | <input type="checkbox"/> Analyzes, Evaluates Information Independently |
| <input type="checkbox"/> Speech Sounds                                    | <input type="checkbox"/> Grasps Concepts Quickly and Easily            |

Other

Other

Has the child been retained?     YES     NO    If yes, what grade level: \_\_\_\_\_

Does the child have difficulty attending school?

Does the child have a medical diagnosis?

Does the child receive any involvement from community agencies (SRS, Mental Health, Case Management, Project Stay)?

What are the child's strengths:

In your own words, describe the concerns you have about the child:

What have you tried already to work with the child with regard to this concern?

What outcome would you like with this referral?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*RETURN TO BUILDING PRINCIPAL WHEN YOU HAVE COMPLETED THIS FORM & ATTACH ANY FASTBRIDGE OR OTHER DATA\*\*  
**THANK YOU FOR YOUR INTEREST AND CONCERN IN MEETING THE EDUCATIONAL NEEDS OF ALL CHILDREN!****